

Capgemini India - Joining Report							
First Name / Given Name	Sushmitha	Middle Name		Last Name / Surname	Chitteti		
Designation as per offer Letter	Analyst	Band as per offer letter	A4	Joining Status	Fresher - Campus Hire		
Date of Joining	19/09/2018	Place of Posting	Pune	Current Cell No.	7702084741		
Sex (Male / Female)	Female	Marital Status	Unmarried	Personal E-mail ID	sushmithachitteti@gmail.com		
Date of Birth	21/07/1997	Birth Place	Karimnagar	Marriage Date			
Family Information	FIRST NAME	MIDDLE NAME	LAST NAME	GENDER	DOB	AGE	Relationship
Wife/ HUSBAND'S NAME							
CHILD1							
CHILD2							
FATHER	Sudhakar		Reddy	MALE	8-Aug-69	49	Father
MOTHER	HemaLatha			FEMALE	7-Sep-76	42	Mother
Bank a/c Name and Number							
Address Details				Language Known			
Particulars	Permanent Address	Correspondence Add	Emergency Address	Read	Write	Speak	
Line1	Near Allahabad bank	Near Allahabad bank	Near Allahabad bank	English	English	English	
Line2	Vavilalapally	Vavilalapally	Vavilalapally	Telugu	Telugu	Telugu	
Line3	Karimnagar	Karimnagar	Karimnagar	Hindi	Hindi	Hindi	
City	Karimnagar	Karimnagar	Karimnagar				
State & Pincode	Telangana, 505001	Telangana, 505001	Telangana, 505001				
Contact Person	Sudhakar Reddy	Sudhakar Reddy	Sudhakar Reddy				
Contact No. Home Landline							
Contact No. (Mobile)	9010278538	9010278538	9010278538				
Nominations Details							
Particulars	Name of the Nominee	Relationship	Address (IN ONE LINE)	Age (IN YEARS)	Amount of Share of accumulations (%)		
Mediclaim/ Life Cover/Personal Accident Insurance	HemaLatha	Mother	Near Allahabad banak,Vavilalapally,	42	100%		
Full & Final settlement	HemaLatha	Mother	Near Allahabad banak,Vavilalapally,	42	100%		
Provident Fund/Family Pension & Life Assurance	HemaLatha	Mother	Near Allahabad banak,Vavilalapally,	42	100%		
Gratuity Nomination	HemaLatha	Mother	Near Allahabad banak,Vavilalapally,	42	100%		
ESIC if applicable	HemaLatha	Mother	banak,Vavilalapally,Karimnagar,50	42	100%		

**INSURANCE NOMINATION FORM**

(To be filled in by employee)

I **SUSHMITHA CHITTETI** E.Code **161719**
Near Allahabad Bank Vavilalapally Karimnagar Karimnagar Telangana, 505001

Nominate the following person to whom in the event of my death the amount under each of the below policy will be payable

Policy Name	Name Of Nominee/s	Relationship	Address Of Nominee	% of distribution
Mediclaim	HemaLatha	Mother	Near Allahabad banak,Vavilalapally,Karimnagar, 505001	100%
Personal Accident	HemaLatha	Mother	Near Allahabad banak,Vavilalapally,Karimnagar, 505001	100%
Life Cover	HemaLatha	Mother	Near Allahabad banak,Vavilalapally,Karimnagar, 505001	100%

I further declare that the receipt/s of amounts by the nominees, as above shall be sufficient discharge of Capgemini Technology Services India Ltd. [Company] liability and no one party shall have any rights upon the Company w.r.t aforesaid payments.

This document supersedes all previous agreements in respect of its subject matter and embodies the entire agreement between me and the Company. There are no oral or written understandings, representations, warranties or commitments of any kind, express or implied, in relation to the matters dealt with this that are not expressly set out in this document .

I understand that the Insurance benefit schemes are offered at the discretion of the management and are subject to change from time to time without prior notice. The above nomination will be valid for the schemes applicable at the time of occurrence of an event / claim during my employment with Company.

	Witness 1	Witness 2
Name		
Signature		
Address		

Date - 19/09/2018

Place - Pune

√
Signature of employee



NOMINATION FORM
(To be filled in by employee)

I, **Sushmitha Chitteti** (Emp Code) 161719

Address **Near Allahabad Bank Vavilalapally Karimnagar Karimnagar Telangana, 505001**

nominate the following person/s, to whom in the event of my death the amount towards my Full and Final settlement accrued to me by virtue of my employment with Capgemini Technology Services India Ltd. [Company], will be payable:-

	Nominee 1	Nominee 2
Name of Nominee:	HemaLatha	
Relationship:	Mother	
Address of Nominee:	Near Allahabad banak, Vavilalapally, Kari mnagar, 505001	
% of distribution:	100%	

I further declare that the receipt/s of amounts by the nominees, as above shall be sufficient discharge of Company's liability and no one party shall have any rights upon the Company w.r.t the aforesaid payments.

This document supersedes all previous agreements in respect of its subject matter and embodies the entire agreement, between me and the Company. There are no oral or written understandings, representations, warranties or commitments of, any kind, express or implied, in relation to the matters dealt with this document that are not expressly set out in this document.

	Witness 1	Witness 2
Name		
Signature		
Address		

Date - 19/09/2018

√

FORM - 2 (REVISED)
NOMINATION AND DECLARATION FORM
FOR UNEXEMPTED / EXEMPTED ESTABLISHMENTS

Declaration and Nomination form under the Employees' Provident Fund and Employees' Family Pension scheme
 (Paragraph 33 and 61(1) of the Employees' Provident Fund Scheme, 1952 and Paragraph 18 of the Employees' Family Pension Scheme, 1995)

1. Name (in block letters) : **SUSHMITHA CHITTETI**
 2. Father's / Husband's Name : **SUDHAKAR REDDY/**
 3. Date of Birth : **21/07/1997**
 4. Sex : **FEMALE**
 5. Marital Status : **UNMARRIED**
 6. PF Account No. : **PU/PUN/31643/00E/**
 7. Pension Account No. : **PU/PUN/31643/00E/**
 8. Residential Address : **Near Allahabad Bank, Vavilalapally, Karimnagar, Karimnagar, Telangana, 505001**

PART - A (EPF)

I hereby nominate the person(s) / cancel the nomination made by me previously and nominate the person(s), mentioned below to receive the amount standing to my credit in the Employees' Provident Fund

Name of the nominee / nominees	Address	Nominee's relationship with the member	Age of nominee(s)	Total amount of share of accumulations in Provident Fund to be paid to each nominee
1	2	3	4	5
HemaLatha	Near Allahabad banak, Vavilalapally, Karimnagar, 505001	Mother	42	100%

*Certified that I have no family as defined in para 2(g) of the Employees' Provident Fund Scheme, 1952 and should I acquire a family hereafter the above nomination should be deemed as cancelled.

*Certified that my father / mother is /are dependant upon me.

*Strike out whichever is not applicable.

v

Signature / or thump impression of the subscri

PART - B (EPS) (Para 18)

I hereby furnish below particulars of the members of my family, who would be eligible to receive Family Pension & Life Assurance benefits in the event of my premature death in service.

Sr. No.	Name and address of the family members	Date of Birth	Relat
1	2	3	
1		0-Jan-00	
2		0-Jan-00	
3	0	0-Jan-00	

**Certified that I have no family, as defined in para 2(vii) of Employees' Pension Scheme, 1995 and should I acquire a family hereafter I shall furnish particulars thereon in the above form.

I hereby nominate the following persons for receiving the monthly wido pension (admissible under para 16 2(a) (i) and (ii) of Employees's Pension Scheme, 1995 in the event of my death without leaving a surviving Pension:

Name and Address of the Nominee	Date of Birth	Rela
1	2	
Sudhakar Reddy	8-Aug-69	
HemaLatha	7-Sep-76	

Date: 19/09/2018

v

*Strike out whichever is not applicable

Signature / or thumb impression of the subscri

CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed / thumb impressed before me by Shri/Smt./Kum. employed in my establishment after he/she has read the entries/the entries have been read over to him/her by me and got confirmed by him/her

Sushmitha Chit

For Capgemini Technology Services India Ltd.

Place:

Pune

Dated :

19/09/2018

Authorised Signatory

Capgemini Technology Services India Ltd

Plant .2, Block A, Godrej IT Park,Godrej & Boyce
Compound,LBS Marg, Vikhroli (West),Mumbai - 400079

NOTE:

(A) UNDER THE EMPLOYEES' PROVIDENT FUND SCHEME : PART - A (EPF)

If Married : Spouse, Children (Married or Unmarried), his/her dependent parents, deceased son's widow and children

If Unmarried : Mother, Father, Brother Sister or any other person(s).

(B) UNDER THE FAMILY PENSION SCHEME : PART - B (EPS) (Para 18)

If Married : Spouse, Children (include children adopted legally before death in service.)

If Unmarried : Mother, Father.

On the death of a member of the Family Pension Scheme, his family will be entitled to the benefits under the Family Pension Scheme. The family is defined as under in case of:

(I) Married

(a) wife in the case of a male member;

(b) husband in the case of a female member; and

(c) sons and daughters upto age of 25 Years

Explanation: The expression "sons" and "daughters" shall include children adopted legally before death in service.

(II) Unmarried

(a) Mother

(b) Father

******Further please note a fresh nomination shall be made by the member on his/her marriage and any nomination made before such marriage shall be deemed to be invalid.**

d in the event of my death:

If the nominee is a minor, name and address of the guardian who may receive the amount during the minority of nominee

6

The first part of the paper describes the data used in the study, the second part presents the results of the analysis, and the third part discusses the implications of the findings. The paper concludes with a summary of the main findings and a discussion of the limitations of the study.

ber

Relationship with the member
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any eligible family member for
Relationship with the member
3
Father
Mother
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<u>iteti</u>





FORM 'F'

See sub-rule (1) of Rule 6

Nomination

To,
Capgemini Technology Services India Limited
Plant 2, Block "A", Godrej IT Park,
Godrej & Boyce Compound
LBS Marg, Vikhroli West,
Mumbai - 400 079

I, Shri/Shrimati/Kumari

SUSHMITHA CHITTETI

whose particulars are given in the statement below, hereby nominate the person(s) mentioned below to receive the gratuity payable after my death as also the gratuity standing to my credit in the event of my death before that amount has become payable, or having become payable has not been paid and direct that the said amount of gratuity shall be paid in proportion indicated against the name(s) of the nominee(s)

2. I hereby certify that the person(s) mentioned is/are a member(s) of my family within the meaning of clause (h) of Section 2 of the Payment of Gratuity Act, 1972.

3. I hereby declare that I have no family within the meaning of clause (h) of Section 2 of the said Act.

4. (a) My father/mother/parents is/are not dependent on me.

(b) My husband's father/mother/parents is/are not dependent on my husband.

5. I have excluded my husband from my family by a notice dated the _____ to the controlling authority in terms of the proviso to clause (h) of Section 2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

Nominee(s)

Sr. No.	Name in full with full address of nominee(s)	Relationship with the employee	Age of nominee	Proportion by which the gratuity will be shared
(1)	(2)	(3)	(4)	(5)
1.	HemaLatha	Mother	42	100%
2.				
3.				
4.				

Statement

1 Name of employee in full : SUSHMITHA CHITTETI
2 Sex : FEMALE
3 Religion : -
4 Whether unmarried/married/widow/widower : UNMARRIED
5 Department/Branch/Section where employed : PUNE
6 Post held with Ticket No. or Serial No., if any : ANALYST
7 Date of appointment : 19/09/2018
8 Permanent address : Near Allahabad Bank, Vavilalapally, Karimnagar, Karimnagar, Telangana, 505001

Village : Thana : Sub-division
Post Office: District : State

Place: PUNE
Date: 19/09/2018

X
Signature/Thumb-impression of the
Employee

Declaration by Witnesses

Nomination signed/thumb-impressed before me

Name in full and full address of witnesses.

Signature of Witnesses.

1.

1.

2.

2.

Place: PUNE
Date: 19/09/2018

Certificate by the Employer

Certified that the particulars of the above nomination have been verified and recorded in this establishment.
Employer's Reference No., if any

Signature of the employer/Officer authorised
Designation

Capgemini Technology Services India Limited
Plant 2, Block 'C', Godrej IT Park,
Godrej & Boyce Compound,
LBS Marg, Vikhroli (W), Mumbai – 400 079.

Date: 19/09/2018

Acknowledgement by the Employee

Received the duplicate copy of nomination in Form 'F' filed by me and duly certified by the employer.

X

Date: 19/09/2018

Signature of the Employee

Note.—Strike out the words/paragraphs not applicable.